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The Canadian Nurse

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. III, TORONTO, DECEMBER, 1907. No. 12

HOSPITAL DIETETICS.

Though this question of diet has long been acknowledged both by the medical and nursing professions as of the utmost importance it is only within recent years that it has been accorded in our Canadian hospitals that attention which it justly deserves. The prime necessity of proper food, cooked palatably, and served so as to attract the eye and stimulate the appetite, has led to the introduction of this new subject. Medical superintendents and superintendents of nurses have not been slow to take advantage of the modern trend, until now, nearly all well-organized, up-to-date institutions supply a diet kitchen course for their undergraduate nurses. The nature and length of the course may vary, but no nurse should graduate in this enlightened age without a practical, working knowledge of how to prepare and serve both invalid dishes and an attractive tray. Invalid cookery, the food-value of the staple articles of diet; the correct balancing of a meal or of a series of meals with the elementary theory, at least, rendered intelligent by experiment, should form one of the corner-stones of her training.

Like most other branches of science, this subject may be taught either theoretically or practically. The ideal method is a combination of the two. The diet kitchen provides the necessary environment and equipment for the practice of cooking, while the lecture-room is the proper place for the elucidation of the theory of dietetics. The demonstration mode of teaching will be found most useful in this work. By it the demonstrator is enabled to combine the two other methods, and by actual work illustrate at once the point at issue. Thus, for instance, the correct preparation and serving of a "grape-fruit" on chipped ice, can be more easily shown than explained. The class sees the manipulation and the completed result, and will the more readily remember the uses and advantages of grape-fruit in a sick-room. Again, the accepted ways of selecting, preparing, cooking and serving eggs may be demonstrated with meagre equipment, but with telling effect.

The two-fold function of food is to build and repair the fabric of the body, and to supply heat and energy for its various activi-

ties. The first of these functions is fulfilled by the nitrogenous foods, which include milk, eggs, meat, fish, fowl, peas, beans and lentils. These foods are essentially tissue-builders and flesh-formers. This service they perform by virtue of the large percentage of proteid found in their composition. The second of these functions is discharged by the non-nitrogenous foods. Heat, energy and proteid-sparers come from this class of food. Vegetables, fruits, cereals, sugars, gums, fats and oils are some of the members of this class. The outstanding food element in each is a carbo-hydrate. Thus the wear and tear caused by the mere act of keeping alive is repaired and the power for doing more work furnished. Lectures on this subject, in a hospital would, therefore, teach some such classification of food, and the different food elements. Such class-work would also include: The nutritive constituents of the food, and their relative duties in the body; the uses and chief sources of water; mineral salts; fats; carbo-hydrates and proteids; how these substances are best supplied, and most suitably prepared; how the body may best attain and maintain its efficiency in health and disease. Here will be found a task for all that a dietetian has of resource and patience.

The theory thus obtained must then be put into practical use. This is done in the diet kitchen. Here practice is the complement of theory. The knowledge that eggs should be cooked at a low temperature; that cold water extracts the juices of meat, while boiling water retains them, is now experimentally shown. Here the correct way of making beef-tea, chicken-broth and gruels is daily shown. The variation that milk-puddings can undergo; the shades of flavor that may be worked into a soup-stock; and the aid of simple decorations, are constantly seen. All cookery that is primarily invalid cookery, such as soups, broths, custards, jellies, junkets, koumiss, barley-water, egg-preparations, milk-combinations, and many other things, are taught. Regular course meals for private patients are prepared. This gives an all-round and comprehensive training, because many a convalescent patient enjoys an appetite as robust as that of a laboring man. In this way a nurse learns the correct methods of cooking both with dry and moist heat, the principles of cake-making, the main points in cooking vegetables, the possibilities of soups; not to mention the essential ingredients in an appetizing salad. They discover that frozen desserts and puddings are more nutritious, easier to make, and cheaper than a hot steam pudding, and that cheese, if properly prepared and combined with milk, eggs or bread-crumbs can be made into a dish of high food value and easy digestibility. All this, and much more is taught and demonstrated day by day in a hospital diet kitchen.

Of necessity many fancy dishes, perfectly practical, and comparatively easy of preparation for one or two, are out of the ques-

tion in providing for a large number. The manner of preparing these dishes, and the method of cooking them, together with the skilled manipulation can be demonstrated before the nurses, so that in private nursing they need never be at a loss to supply an easily digested, attractive, and quickly prepared menu. Thus the dietetian should demonstrate the pretty little dish of eggs, baked in cases; or of cutting an orange to represent a daisy or a small basket. If opportunity offer she should show how to plank a haddock, how to cook frogs' legs, or how to jelly a bird in aspic. These, and similar unusual things are the very things that a nurse may be called upon to do, and for the doing of which she should possess the knowledge.

In cases of sickness the question of economy should be the last to be considered, but if it becomes paramount to be economical in dealing with a patient then the nurse should know the best cuts of meat to buy for broiling or for soups, and the best articles to order so that by their judicious selection and scientific combination the required food value may be secured for the invalid.

All eating, even among healthy people, is largely influenced by personal taste. Some food, even if easy of digestion, will be so repugnant to a patient as to prove absolutely indigestible to him. Some slight variation in the flavor, some change in the mode of cooking, some original idea of serving or decorating may so alter the taste and appearance that this difficulty may be overcome. Use every endeavor to appeal to the sight, the palate and the temperament of your patient. Serve things always in the condition at which they are intended to be served. If the dessert is cold, have it ice-cold. If the soup is to be hot, be sure it reaches the patient steaming, and free from fat. Have the tray looking as attractive as spotless linen, shining cutlery put on straight, and deftly arranged dishes can make it.

After a term in a diet kitchen no nurse should be a slave to any recipe. Recipes should serve as guides not as masters. The idiosyncrasy of the patient, the balancing of his diet, the season of the year, and the materials at her command may all limit a nurse's usefulness, but they also supply an opportunity for originality in flavoring, combining, decorating and serving. Any one can make an attractive dish with all the conveniences of a modern kitchen, and all the season's luxuries at hand; but it requires a past-master in the art of cooking to make old, well-remembered foods taste like new. The principles of cooking remain unchanged, the accessories vary, and are as various as the individualities of patients. No diet kitchen can exhaust the possibilities of the art, but at least the unalterable rules can be instilled, and the unvarying attractiveness of well-seasoned, tastily-cooked food demonstrated.

Lila Kate Guthrie White.

The City Hospital, Hamilton.

THE CARE OF TYPHOID FEVER PATIENTS.*

Physicians tell us that enteric or typhoid fever is the most common continued fever of our country. This fact together with the length of its duration, during all of which time the patient's resisting power is being more and more taxed, and his strength being steadily diminished, and the insidiousness and seriousness of its complications makes it evident that intelligent nursing in these cases is of paramount importance.

It has been called the autumnal fever, and it is probably during the autumn that the largest number of cases occur, but cases will be found at any season of the year when the food or water supply may be contaminated. One eminent physician asserts that the amount of typhoid occurring in a community is an index to the sanitary intelligence of that community."

While diagnosing does not come within the province of the nurse yet the physician will look to her for the information upon which he will establish his diagnosis, hence the necessity for untiring vigilance and accuracy in reporting observations.

Supposing the diagnosis of typhoid to be made, the nurse's problem now is how she can nurse this patient with the best results. Some of the essentials in its treatment are perfect rest and quiet, careful feeding, cleanliness, prevention of bed-sores, reduction of temperature when necessary, good ventilation, and frequent use of disinfectants.

Rest and Quiet. Remember that your patient is suffering with a very exhausting disease, and it is your duty to do and think as much as possible for him. He should not be allowed to attend to his wants in any way, not even by taking a drink of water himself.

The *feeding* is a most important phase in the treatment. Many physicians advocate a milk, albumen, or beef-tea diet as being the most nourishing and least irritating; others permit any fluid diet. The milk may be diluted with barley water or lime water; it may be flavored or peptonized. Whatever diet is adopted the effect must be carefully watched. If diarrhœa be persistent, if curds appear in the stools, or there is evidence of distension, cut down or withhold the milk. Regarding quantity it is safer to give too little than too much at a time, having the feedings small and frequent. The patient should be encouraged to drink plenty of water, its beneficial effect in ridding the system of much of its toxin, being very marked.

Cleanliness in its broadest sense is absolutely indispensable in the nursing of any disease, but the omission of the lightest detail in the case of a typhoid patient not only adds much to his discomfort, but may be the cause of a re-infection. Apart from the

*Prize Essay—Toronto General Hospital Alumnæ Association.

therapeutic measures which may be adopted for the reduction of temperature, the patient, if complications do not counter-indicate, should have at least one soap and water bath a day. After each micturition or defecation the parts should be thoroughly washed with soap and water, or perhaps an antiseptic solution. Should a sheet become soiled remove it as soon as possible, and soak in a strong disinfecting solution. The condition of the tongue and teeth must be watched, as scrupulous cleanliness here adds much to the patient's comfort as well as to his digestive ability. Wash the mouth carefully before each feeding with some antiseptic mouth-wash, allowing the patient to rinse it thoroughly after the feeding.

The vitality being very low, the patient being listless and inert, and therefore prone to lie in one position, the frequent appearance of small eruptions on the back—these facts make the prevention of bed sores somewhat difficult. Keep the skin clean by the bathing, and dry and hard by the "alcohol rub," paying particular attention to the prominences which are subjected to pressure or the friction of the bed-clothing. Zinc oxide ointment well rubbed in when the eruptions first appear will prove healing in most cases. If any part of the skin, seem likely to be abraded a collodion dressing should be applied, and the part protected from further pressure. On occasions when severe hemorrhages are occurring and absolute quiet on the back is being insisted upon, a bedsore may occur, and yet reflect no discredit upon the nurse. But in such an instance the physician will be glad to take the responsibility, and when the proper time arrives direct the treatment for its healing.

The *temperature,* pulse and respirations must always be carefully watched, and cases of hyperpyrexia be dealt with as soon and as effectually as possible, always, of course, according to directions. There seems to be very little doubt that the treatment productive of best results is the cold baths or packs, given every four hours for a temperature of 102.5. The bath may be either the tub or the sponge, the latter being most practicable in private nursing. Some patients may be much averse to the sponging, especially if the initial one be cold, but the tactful nurse will manage in most cases to overcome this prejudice and be able ultimately to give the sponges satisfactorily. A sponge given in long, even strokes, besides having the primary effect of cooling the body will usually have a sedative effect as well, and ensure a restful sleep.

Abundant fresh air is an indispensable requirement for the healthy individual, and how much more so for the one whose blood besides containing the ordinary impurities is charged with the poisonous products of disease. *Ventilation,* then, will form a

part of the treatment, but in carrying it out the danger from draughts must not be lost sight of.

The *frequent use of disinfectants* not only insures the patient against re-infection, but is a safeguard against the spread of the disease. All excreta should be covered with a strong disinfecting solution, and allowed to stand for some hours; the mouth-cloths used should be immediately burned. And assuming the probability of infection from the mouth, it will be necessary to have dishes for the use of the patient only, boiling them once a day.

The complications of typhoid are numerous, but the most common are phlebitis, otitis media, pneumonia, intestinal hemorrhage and perforation.

Phlebitis is a tedious and painful complication which requires patient care. Besides the special treatment keep the part as quiet and comfortable as possible, and avoid massage.

The mouth having been neglected might cause otitis media.

Pneumonia is very apt to occur if the patient be allowed to lie too long in one position. He should be turned from side to side, systematically, say at each feeding, and supported by pillows.

Intestinal hemorrhage may be expected in all severe attacks, but often occurs in apparently slight attacks, and results in death in from 30 per cent. to 50 per cent. of the cases. Such symptoms as a sudden fall in temperature, extreme pallor, air-hunger, rapid feeble pulse, may suggest its approach; or, without any warning at all, blood may be noticed in the stools. The foot of the bed should be elevated, an ice-bag suspended so that it will lightly touch the abdomen, nourishment and stimulants discontinued, and above all, absolute rest regardless of personal feelings. An incident is told of a patient who lost his life because of being moved enough to change his gown, after hemorrhage. The verdict was that he was "nursed to death."

Perforation is even more serious, very few cases recovering. The symptoms are sudden fall in temperature with severe abdominal pain, small rapid pulse, and distension. Surgical treatment is resorted to.

Nor are we quite safe when the patient's temperature has fallen to normal and convalescence is established. Now he is extremely hungry, and to increase his diet too rapidly may do much harm. Usually patients are not allowed solid food until the temperature has been normal about a week; and then beginning with very soft diet, and adding a little from time to time, if there is no evidence of disturbance. In like manner the change from the prone to the upright position must be accomplished very gradually.

M. A. B. L. Ellis.

HOSPITALS OF THE CANADIAN WEST.*

My subject is so large that I must limit myself to the hospitals of Canada beyond the Rockies.

In British Columbia we have the regular incorporated general hospitals, accepting government aid and supervision; church hospitals, under the direct control of the Anglican, Presbyterian, Roman Catholic and Methodist Churches; hospitals controlled by large lumber mills and by mining interests.

The oldest and certainly the best known hospital in the province is the Royal Jubilee in Victoria, built in commemoration of the jubilee year. The hospital is constructed on the pavilion plan, with beautiful lawns and gardens covering twenty acres. The Jubilee will accommodate one hundred patients, has a training school, and is especially noted for its surgical work.

St. Joseph's Hospital (R. C.), conducted by the Sisters of St. Ann, has also a training school, and is a small and very beautifully kept hospital.

Other Vancouver Island hospitals are at Chemainus, a great lumbering centre, and at Nanaimo and Cumberland, both mining districts.

The Columbian Coast Mission have two very interesting hospitals at Rock Bay and Van Anda Island for the logging camps, of which there are about thirty scattered along one hundred miles of island-studded coast. Patients are brought to these by the little C.C.M. hospital steamboat, *Columbia,* and sometimes in small, open boats, generally making very light of great hardships by the way.

The Vancouver General is the largest and most important hospital in the province. The new building with two hundred beds, although only occupied a year and a half, is already overcrowded owing to the very rapid building up of the town within the last three years. The hospital has a training school of forty-five pupils and four graduate nurses, and a resident staff of four medical men. Under the same supervision there are isolation cottages with provision for five distinct infectious diseases.

Vancouver has also a Roman Catholic hospital, St. Paul's, conducted by the Sisters of Providence. Its capacity is one hundred beds, and it has a newly organized training school and a medical superintendent.

There are also several private institutions, St. Luke's Home, under the management of St. James Church, being the pioneer hospital in Vancouver.

Among the oldest hospitals in the province is the Royal Columbia at Westminster, beautifully situated on the Fraser River. It has a training school and about forty beds, but is so overcrowded that plans for a new hospital are being hurried forward this fall.

* Read at the Annual Meeting of the C. A. S. T. S. N.

Others are the Royal Inland at Kamloops, the General at Revelstoke, the Kootenay General at Nelson, the Sisters of Providence at Rossland, the General at Golden and the Vernon Jubilee at Vernon in the celebrated Okanagan valley. These, while doing general hospital work, are mostly occupied with emergency surgery. They average twenty-five beds and nearly all employ only graduate nurses.

Smaller hospitals again, as at Sandon, Ymir and Phœnix, are controlled by miners' unions and frequently have only the camp's doctor in charge and no nurses.

Right up among the gold mines is St. Andrew's Hospital at Atlin, which is of special interest to Eastern Canada, as it was owing to the efforts of some Presbyterian ladies of Toronto that a start was made in the work by sending out two trained nurses in 1899 to help the misery of the many poor unfortunates who dropped out in the mad rush northward. The work begun in tents and shacks has grown, and there is now a well equipped, comfortable building with accommodation for twelve patients.

It may be remarked that this undertaking on the part of a few ladies in Toronto was practically the initial movement which led to the formation of the Presbyterian Women's Home Missionary Society in Canada, and the establishment and maintenance by them to-day of five or six well-equipped hospitals.

Looking into the future a little, among our most important hospitals will be the sanitarium for tuberculosis at Tranquille. A beautiful ranch of four hundred acres on the shores of Kamloops Lake and Tranquille River is the site of this undertaking, and the buildings are being started this summer. It is an ideal spot for an outdoor life.

In addition to these are numberless small hospitals and temporary hospitals for construction work. It must be remembered that British Columbia is so new as yet that the population far out-proportions the homes, and hospitals are a necessity even in the smallest towns, and one of the first public buildings thought of.

The demand for graduate nurses for small hospital positions is good throughout the province. There is not much demand for private nurses, except, perhaps, through the better populated parts of the Okanagan Valley and especially in Vancouver, where a good nurse can always find all the work she can do.

A. MACFARLANE.

THE SMALL HOSPITAL AND THE TRAINING OF NURSES.*

This is a strenuous age, an age of enormous buildings and structures, gigantic trusts, huge enterprises of all kinds, and we are prone to judge by quantity rather than by quality. Yet long ago the lesson was taught that quality counted for more in achievement than quantity. In the seventh chapter of Judges we read that Gideon had an army of thirty-two thousand men from which the Lord selected three hundred to defeat the multitude of the Midianites. In the small hospital, as in the small college, the pupil becomes acquainted with the teachers, and the teaching is more individual.

In the small hospital the lecturers are men of experience, and give to the pupil nurse of their positive knowledge. In the larger schools part, at least, of the lectures are delivered by the young and inexperienced "interne," who feels that he knows much more than does the man who has given many years of mental and physical thought and energy to his profession.

I find in the daily round of institutional work that the nurse in the small general hospital has a more varied experience than does her sister nurse in the larger hospitals. In the small hospital the nurse knows about every patient in the institution. In the larger hospital the nurse knows about the condition of the patients in the ward to which she is assigned.

In the small hospital the gynecologist is constantly explaining to the nurses the existing condition and why he is adopting such and such treatment, the reasons for certain positions, the best methods of giving such treatment, and teaching her how to give the same. I can think of a graduate of one of the best training schools on the American continent who never saw but two uterine treatments given, and never *gave* one before her graduation. And this through no fault of the superintendent of nurses. It is often most difficult in a large hospital to arrange the work in such a manner that each pupil has her full share of the work in each department. Where there are fewer nurses this is done without detriment to the patients, and adds to the benefit of the pupil nurse.

I have recently had an experinece with a graduate of a large hospital who had to be taught how to correctly write an order given by a doctor, and whose method of giving a hypodermic could not be tolerated in a junior nurse; the lack of system and neatness was most pronounced in this case. I do not forget "That a pine knot cannot be run through a saw-mill and come out a walnut board," but I do contend that the more personal supervision counts much in the training of the nurse. The constant observation of deportment and the correction of many objectionable habits and mannerisms means much to the future of the pupil.

* Read at the Annual Meeting of the C. A. S. T. S. N.

I would like to graduate from this school well-developed women as well as capable, conscientious, reliable nurses.

It matters not whether the hospital be large or small if the pupil has not had the benefit of a fairly conscientious home training she cannot be entirely made over in her three years of hospital life, though I do not believe there is any other vocation where there are as many opportunities for character strengthening and building as there is in this life of usefulness, sorrow and joy spent in a hospital.

The constant forgetfulness of self and thought for others gives strength to the nurse as well as the patient.

In the small hospital the intermediate and senior nurse is taught to assume more and earlier responsibility, and consequently soon becomes more self-reliant by developing her untried ability. She is a personality, an important factor, in the institution. She is constantly being taught the why and wherefore of doing and observing, by physicians and surgeons and graduate nurses, who feel the responsibility of her training rests with them to a large extent. In the operating room or clinic she is the helpmeet indeed of the surgeon, preparing supplies of all kinds, and very frequently his important assistant. On her care and faithfulness depends no small part of the success of the operation. When she becomes a senior in the operating room she takes the work largely of an "interne" in the larger hospital, and with more earnestness performs her part.

In the majority of small hospitals there is no resident physician or surgeon, and the responsibility for all in the institution is much greater so far as the patients are concerned.

There is a feeling that the smaller hospital cannot and does not accomplish much in the training of nurses. It can and does develop her executive ability; she is not hampered on every side, as is her sister nurse in the larger hospital (of necessity). There are so many others whose authority exceeds hers that it is often a problem to know "where she is at."

"We all know a horse can drink as much at a brook as a lake." An eminent surgeon told me his most complicated cases were from the agricultural district, where the small hospital is usually situated. The varied exigencies, experiences and emergencies which count so much in the nurse's training arise as often in the small hospital as in the large, and the manifold daily duties of the nurse's calling are ever present in the small hospital.

The battle in Manila Bay happened only once in a nation's history, but the daily duties of a nurse are ever present.

The rule in large or small hospitals should be sympathy, not of the maudlin kind, and "justice to all."

CHRISTINA MCKENZIE HALL.

Clinical Department.

NURSING NOTES.

A Salt Rub.—A daily salt rub, followed by a sponge bath with tepid water, using a coarse towel and friction for drying, is recommended as a good tonic for tired people. Moisten coarse salt and rub briskly over the body with the bare hand.

Hot Fomentations.—In applying stupes to children or old people, there is always danger of blistering if turpentine has to be used. Instead of mixing the turpentine in the water, or sprinkling it on the flannel, try using a mixture of turpentine and olive oil. To an ounce of olive oil add about a drachm and a half of spirits of turpentine. Shake well. Smear the part with the mixture about once in four hours before applying the hot stupe.

Prophylaxis in Typhoid Fever.—All dishes used by typhoid fever patients should be washed separately and boiled daily. Thermometers should not be used promiscuously for other patients and should be kept in a solution of bichloride, 1-1000, which is changed once daily. One of the best disinfectants for stools is milk of lime. To make this, pour a pint of water over two pounds of fresh lime. This makes a preparation known as hydrate of lime. The milk of lime solution is made by using one pint of the hydrate of lime to eight pints of water. This solution should be made fresh every two days. The quantity used should be equal in amount to the material to be disinfected. The urine and vomited matter also contain the typhoid germ. An equal amount of carbolic acid solution, 1-20, is a reliable disinfectant for this matter. Bed pans and urinals should be scalded after using. Linen soiled with excreta should be soaked for an hour in a carbolic acid solution. Rectal tubes and nozzles should be boiled after using. Hands should be scrubbed after handling the patient or soiled articles. A basin with a disinfectant solution for the hands is a preventive measure required in many of the best hospitals. All washable bedding should be washed and boiled.

For Chapped Hands.—A useful lotion for chapped hands is made by mixing two ounces each of glycerine and alcohol, two drachms of compound tincture of benzoin, and the juice of a lemon strained. Shake well and apply after washing the hands in warm water. Always dry the hands very thoroughly.

C. A. Aikens.

Miss Eastwood, Superintendent of the Toronto Branch of the Victorian Order of Nurses, has been temporarily appointed Chief Lady Superintendent of the Order in the place of Miss Allen, who resigned.

THE LADY MINTO HOSPITAL FUND.

The following are the regulations of the Fund:

1. The grants from this Fund are made to assist in the erection of hospitals to be maintained in connection with the Victorian Order of Nurses for Canada. No grant in aid of the maintenance of any such hospital is given from the Fund.

2. The applicants for a grant must satisfy the Executive Council of the Order that there is a necessity for the erection of a hospital at the proposed place; and that with the aid of the grant they will be able to build, furnish and maintain the hospital.

3. The applicants for the grant shall undertake to secure incorporation under the name of The Lady Minto Hospital at (name of place).

4. No part of such grant will be paid over until a suitable site for such hospital has been obtained and a good title thereto vested in the Hospital Board.

5. During construction the applicants for the grant shall insure the hospital, and keep it insured in some good company in the name of the Hospital Board in a sum sufficient to cover any sum expended thereon.

(To be continued.)

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa. Also a post-graduate course, with special instruction in Midwifery, given at the cases, by an experienced obstetrical nurse. Salary, $10.00 per month. Apply, the Superintendent, 206 Spadina Avenue, Toronto.

The Guild of Saint Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—*Ambroise Paré.*

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H. 6.15 p.m.
District Chaplain—Rev. Arthur French, 1773, Ontario Street.
District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

On Friday, October 25th, the Guild of St. Barnabas held its first meeting, after three months' holiday, at St. James' Cathedral Rectory. The meetings will be held as usual throughout the winter on the last Friday of every month. The attendance was good. Those present were the chaplain, the superior, ten members, an associate, who was admitted as member, and a visitor. After the service a short business meeting was held. Letters were read by the secretary. A discussion took place as to whether Ottawa should be asked to take the page in the CANADIAN NURSE every third month. They were asked last year, but nothing satisfactory was done. However, our Secretary has consented to write and ask the Superior, Mrs. Houston, and we hope for a favorable reply soon. Our Chaplain had a word to say to us from the Bishop of London, who was visiting Canada in September. Unfortunately he had not time to address the Guild, although he spoke to the American Guild. Canon Welch told him of the Toronto branch, and ended up by saying, "We pray for you every month." The Bishop replied, "Thank you, I need it badly." The Bishop addressed a very large audience in Convocation Hall. Those who were not present missed a great treat.

We hope the Guild of St. Barnabas may have a very successful winter, and that the nurses who do not already belong, may join us, and help to make each meeting of use to themselves and their fellow members.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
. . . . . .
My soul will be a-dry before,
But, after, it will thirst no more.

—*Sir Walter Raleigh.*

The Second Crucifixion.

. . . . . .

I hear, and to myself I smile,
For Christ talks with me all the while.

. . . . . .

Yet while they deem my Lord is dead,
My eyes are on His shining head.

. . . . . .

Yet all the while my Lord I meet,
In every London lane and street.

. . . . . .

Yet all the while I see them rest,
The poor and outcast, on His breast.

. . . . . .

So in the street I hear men say,
Yet Christ is with me all the day.

Richard Le Gallienne.

We ask that through our sufferings we may win ever a little more courage, a little more patience, a little more generosity; we ask that they may reveal to us a little more of the secrets of hearts, that through them our hearts may be softened; till there is perfected in our souls that love, than which there can be nothing sweeter, nothing stronger, nothing higher, nothing broader, nothing fuller or better on earth or in heaven.

C. F. Blount, S.J.,
—*In the Catholic Nurses' Magazine.*

Meaning and Method of Life.—What we all need to make us happy, is renunciation of worldly ambitions, in obedience to serene and clear ideals of honor and duty. Dare to be poor, and unfamous. Take your little tragedy out of God's way, and let Him flood your life with His rich love and ample content. Do not be so selfish, so earnest, so morbidly careful of yourself. Why should we not live in the day, and bask in its brightness? Why not love even those that are hateful and that are unjust to us? Our own happiness is too precious to spoil it with hatred, and the world's happiness is too easily lost to endanger it with our personal animosities.

Geo. M. Gould.

The Canadian Nurse

VOL. III. TORONTO, DECEMBER, 1907. No. 12.

Editorial.

THE ONLY THING WE NEED.

More subscribers. That is the only thing we need. Last year was a very successful one for THE CANADIAN NURSE. We became a monthly magazine, we more than trebled our subscription list, and we now have more than one thousand paid subscribers. The credit of this is due to you, our readers and subscribers, and we thank every one of you sincerely for it.

But now our best friends are asking for more articles, more practical articles, and for a larger magazine. The Editorial Board want to give you a larger and better magazine for 1908. This, of course, will cost more money. Besides, the new agreement with the printers last year, by which a strike was averted, has added about $200 to our annual expenses. In order then to enlarge our magazine and pay for it, we need more advertisements, and business men cannot give us more advertisements till we have more subscribers. If we had 2,000 subscribers we could get more advertisements, but what we really need is 4,000 subscribers, and we could give you a magazine that you would be still prouder of. So we need more subscribers. Will you please send us one—or two—NEW SUBSCRIBERS?

THE OVER-WORKED NURSE.

Is there any sense in trying to do too much? The nurse-in-training, the graduate, the instructor of nurses, the assistant superintendent and the superintendent, are all overworked. The hours are too long, the nurse is too tired, and she comes out of the hospital often rather a wreck physically. This is wrong. As a class, the women who are superintendents of training schools are characterized by great personal efficiency, but they are overworked.

"There don't seem to no good come out of it," as a London penny 'bus driver remarked about the mad rush of motor busses, taximeters, two-penny tubes and all the rest of it. And the same remark may always be made about trying to do too much our-

selves, or trying to make other people do too much. The hospital nurse is a case in point. Let us have more hours off and shorter periods of duty, and more nurses on the wards and more assistants, and a more reasonable standard of nursing work generally.

POST-GRADUATE OPPORTUNITIES.

The question of opportunities for post-graduate work occupied the attention both of the Canadian Society of Superintendents of Training Schools for Nurses at Montreal, and of the American Hospital Association at Chicago. Post-graduate work we must have, and those who love their work, and live to do it well, have always spent time and money in visiting other hospitals, thus learning from time to time new methods, and keeping alive the enthusiasm for knowledge and progress. This is one very useful and important factor. But evidently some organized plan is needed. A course of lectures, such as that outlined by Miss Sheppard, in Montreal, and definitely asked for by some members of the American Hospital Association in Chicago, would be a great help, and indeed is almost indispensable. We do not know a single hospital nursing staff that is not overworked now, and we would make it a plea for a more reasonable arrangement of the duties of Superintendents of Hospital Nursing Schools that post-graduate work is practically impossible, though so important, because the heads of the schools and their assistants are at present so overworked. We have spoken of this elsewhere, but here we would merely point out the imperative call for post-graduate instruction, or rather for opportunities for the older graduates and the officers of training schools to be given a chance to keep up with the times, and to have the stimulus of seeing and hearing the best and most progressive lines of medical and nursing work.

Editorial Notes.

ENGLAND.

The Queen's Gift.—Her Majesty Queen Alexandra has sent a donation of 600 guineas to the London hospital, of which she is President.

The Nurses' Missionary League.—Eight nurses going to the mission field under the auspices of the League were present at an interesting and inspiring valedictory meeting in University Hall, London, last month.

A Heroine.—The heroism of Nurse Harrison, who lately lost her life in rescuing a child from drowning at Chester, is to be commemorated by the erection of a stone drinking fountain.

GREAT BRITAIN.

The Mental Nurses' Co-operation.—Miss Jean Hastie, a Scotch nurse with eighteen years of experience in nursing mental cases, is endeavoring to found a society for "Mental Nurses." The registration fee is 5s., and Miss Hastie has many good plans for the society.

IRELAND.

A Four Years' Course.—At the last meeting of the Belfast Board of Guardians it was proposed that the period of training for nurses in the workhouse infirmaries should be four years instead of three. The majority of the largest General Hospitals in England have now made the time of training four years.

SCOTLAND.

The Scottish Nurses' Club.—The Committee have taken a house in Castle Street, Edinburgh, and hope to open the club early in December. There will be tea-rooms, reading and writing, and recreation rooms, etc. Membership is open to all nurses in Scotland, and the Secretary is Miss Mabel Halkett, Pilfirrane, Dunfermline.

INDIA

Lady Minto's Indian Nursing Service.—In the last two months nine or ten English nurses, graduates of St. Bartholemew's, the General Hospital, Cheltenham, the Royal Infirmary, Manchester, and other well-known hospitals, left to join Lady Minto's nursing service in India.

Native Nurses.—The Jamsetji Jijibhai Hospital Nursing Association has now thirteen native nurses in training. These nurses when their training is finished are so much in demand by the general public that they at once find employment "at salaries which the hospital cannot afford to pay." This happens in other countries!

The Ministering Angel.—Dr. Nicholas Senn, whose letters from all over the world about medical affairs have been so interesting, has recently written of Pretoria, Capetown, etc. Of the Transvaal Leper Settlement he says: "Miss A. M. Whiteman, an English trained nurse, is the ministering angel in this valley of human suffering and misery. The patients respect and adore her and she is devoted to them. She speaks Dutch and all the native tongues, and all come to her when they are in trouble, or in need of her services, which she so cheerfully and willingly renders them."

"For man to assist man is to be a God.
This is the path to eternal glory."

—Plinius Major.

FRANCE

Berk Plage.—On the sands of the sea, near Boulogne, is the great open air hospital for the tuberculous children of Paris, sent here to have the best chance to fight their dread adversary, T. B., successfully. Most of the nurses are religious sisters.

HOLLAND

The Green Cross Association.—One of the chief objects of this Association is to provide skilled nursing for the poor, and for those of moderate means.

The International Council of Nurses.—Mrs. Aletrieo, President of the Dutch Nurses' Association, has consented to be the honorary vice-president of the International Council of Nurses for Holland.

FINLAND

The Finnish Nurses' Association.—At the Annual Meeting held in Helsingfors, the association decided to apply for affiliation with the International Council of Nurses.

UNITED STATES

The Physical Effect of the Three Years' Course.—A paper that has attracted great attention, both at the annual meeting of the American Society of Superintendents of Training Schools for Nurses, where it was delivered, and in professional journals where it has since been printed, is Miss M. Helena MacMillan's on the above subject. Miss MacMillan's opinion is that the physical effect of the course is unfavorable, especially on account of the long hours of duty and the evening lectures.

JAPAN

The Red Cross Society.—This Society works in connection with the Army Sanitary Corps, and was founded in 1886 under the patronage of the Emperor and Empress. The number of members is now 1,275,512, and every member is allowed to wear a medal on public occasions. During the late war 4,700 Red Cross nurses, both men and women, were sent to the front, where their "nothing-forgotten" methods aroused the admiration of English and American nurses..

NEW ZEALAND

Maternity Hospitals.—In an address delivered at the opening of St. Helen's Maternity Hospital at Sydenham, Christ Church, the Minister of Education, spoke of the four St. Helen's Hospitals, the other three being at Dunedin, Wellington and Auckland. The number of births at these three maternity hospitals so far was 564, and out of that number there had been three deaths. The nurses had also attended 154 cases outside.

Correspondenee

DEAR MADAM,—There is no training school in the vicinity of Gleichen, and this is the only hospital. Since returning to the hospital on June 1st I have had, besides out-patients receiving daily treatment, ten in-patients—five men and five women, respectively. One man came in to-day. All the others are gone except two little girls. Both cases are tuberculous. One is in a dying condition—only a matter of time. We shall miss her very much. She is six years old, one of the Home children. A very bright, intelligent little girl, remarkably so for an Indian child. She possesses a wonderful memory, and the way she picks up English is a surprise and delight to all who hear her. Her name is Amy Red Blanket, sister of Betsy Red Blanket, of whom you know. Ever since she came into the hospital she has had a very high temperature, and a very rapid pulse. Notwithstanding all this for the first couple of months she had a great flow of spirits. Her voice was heard the first thing in the morning, throughout the day, and the last thing at night. She would sing verse after verse, going from one hymn to another, or one song to another. Could sing "God Save Our King." Laughing, singing, talking all the time she was awake. Her voice is no more heard in song or laughter. She smiles occasionally—is very irritable at times, but a very dear little girl for all. I do not like to think that she must die. I lie on a couch in the dining-room, and go in to see her now and then through the night. Altogether she is an exceedingly interesting child. We shall sadly miss her when she is taken from us.

I nursed a Home boy—Alfred by name—through a case of pneumonia. As there was a tendency to tuberculous trouble, he was detained here for a time after his recovery.

The cases I have had to deal with are more or less scrofulous or tuberculous, trachoma or conjunctivitis Under the hospital doctor's directions I carry out, I suppose, the ordinary treatment in the various cases. Hence, I do not see how any hint or suggestion of mine could be of any practical use to you. I should be delighted to do so if I could. I am more in need of aid from you.

ANNIE C. MURRAY.

Victoria Hospital, Gleichen, Sept. 6th, 1907.

The Contributors' Club.

THE DRESSING SUPPLY ROOM.

The method of cutting dressings in the wards has been superseded in a number of hospitals, by having them cut in a room set aside for the purpose. One nurse spends a month in this department, assisted by the operating room nurses. Dressings are cut, "T" bandages, scultetus binders, cotton jackets and such supplies are made here and are given out each morning on requisition. The list from each ward is examined by the operating room supervisor, who signs it, if it meets with her approval. This seems the best way of keeping a check on the supplies ordered in hospitals where the wards are in charge of pupil nurses. In the best regulated hospitals, there are nurses who are extravagant with gauze especially, using it for cleaning purposes, for handkerchiefs, etc., and using twice the quantity of dressing really necessary for a clean wound. The nurses should be instructed to return "broken" packages for re-sterilization. Uncut gauze and cotton should not be allowed in the wards. "Mouth gauze" for the medical wards is given out in packages of small square pieces, utilized from the "left overs" in cutting the dressings. It is surprising to find at the end of the month how the gauze and cotton bills are reduced by this system.

ANNA MAYBEE STAEBLER.

Question Department.

We have received the following replies to the question asked last month by one of our subscribers as to the best method of establishing a Sick Benefit Fund for nurses.

This duty may be most successfully discharged by the Alumnæ Association of a hospital, and the first step is to gain the interest and individual assistance of each member. A committee is usually appointed to take charge of the Sick Benefit Fund, the chief duties of which are to interest the members of the Alumnæ Association and others, and to secure subscriptions. The hospital authorities should be consulted early, and their help and active assistance secured. In some hospitals a ward has been secured for sick nurses who are graduates of the hospital at a rate considerably less than the usual charge. Many of the hospital governors and trustees are generous in giving donations, and many private patients, when parting from a nurse, whose services have been acceptable and helpful, sometimes, indeed, whose services have gone far to save the patient's life, will hint at a desire

to give the nurse, either in the hospital or out of it, some memento or present. This is something that a high-minded nurse usually would rather not accept, but a subscription to the Sick Benefit Fund is not only unobjectionable but would do far more good than almost any personal gift. Entertainments are often given for the Sick Benefit Fund. Lectures, bazaars, dances, exhibitions, etc., have all been given for this object with very gratifying results. It may also be mentioned that the Alumnæ Association of the H. S. C., Toronto, have been fortunate enough to make a sum of money for their Sick Benefit Fund by the sale of their hospital recipe book.

Other answers have been promised, and we hope to publish these next month. But the method of direct subscriptions by the nurses themselves, either annual or special, is perhaps the most satisfactory and dependable method of all.

One way an alumnæ raised money was: each member or each person interested in the sick members agreed to collect from her friends five yards of coppers. Each yard contains thirty-six, and no person would refuse to give a copper if asked. In this way quite a little sum was realized.

A rummage sale is good if it can take place in a poor district, as second-hand clothing can be used. Each person obtains from her friends all the cast-off clothing she can get, and it is sold for a sum which is all gain, as there is very little outlay.

(From Miss F Sharpe, Woodstock Hospital.)

Official Department.

THE CANADIAN NURSE has the honor of publishing official information from

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.

The Association of Hospital Superintendents of Canada.

The Canadian Nurses' Association.

The Manitoba Association of Graduate Nurses.

The Graduate Nurses' Association of Ontario.

The Victorian Order of Nurses.

The Guild of St. Barnabas for Nurses.

The Collingwood G. and M. Hospital Alumnæ Association.

The Calgary Graduate Nurses' Association.

The Edmonton Graduate Nurses' Association.

The Fergus Royal Alexandra Hospital Alumnæ Association.

The Galt General Hospital Alumnæ Association.

The Guelph General Hospital Alumnæ Association.
The London Victoria Hospital Alumnæ Association.
The Kingston General Hospital Alumnæ Association.
The Montreal General Hospital Alumnæ Association.
The Montreal Royal Victoria Hospital Alumnæ Association.
The Ottawa Lady Stanley Institute Alumnæ Association.
The St. Catharines General and Marine Hospital Alumnæ Association.
The Toronto Central Registry of Nurses.
The Toronto General Hospital Alumnæ Association.
The Toronto Grace Hospital Alumnæ Association.
The Toronto Graduate Nurses' Club.
The Toronto Hospital for Sick Children Alumnæ Association.
The Toronto Riverdale Isolation Hospital Alumnæ Association.
The Toronto St. Michael's Hospital Alumnæ Association.
The Toronto Western Hospital Alumnæ Association.
The Winnipeg General Hospital Alumnæ Association.
The Vancouver Graduate Nurses' Association.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

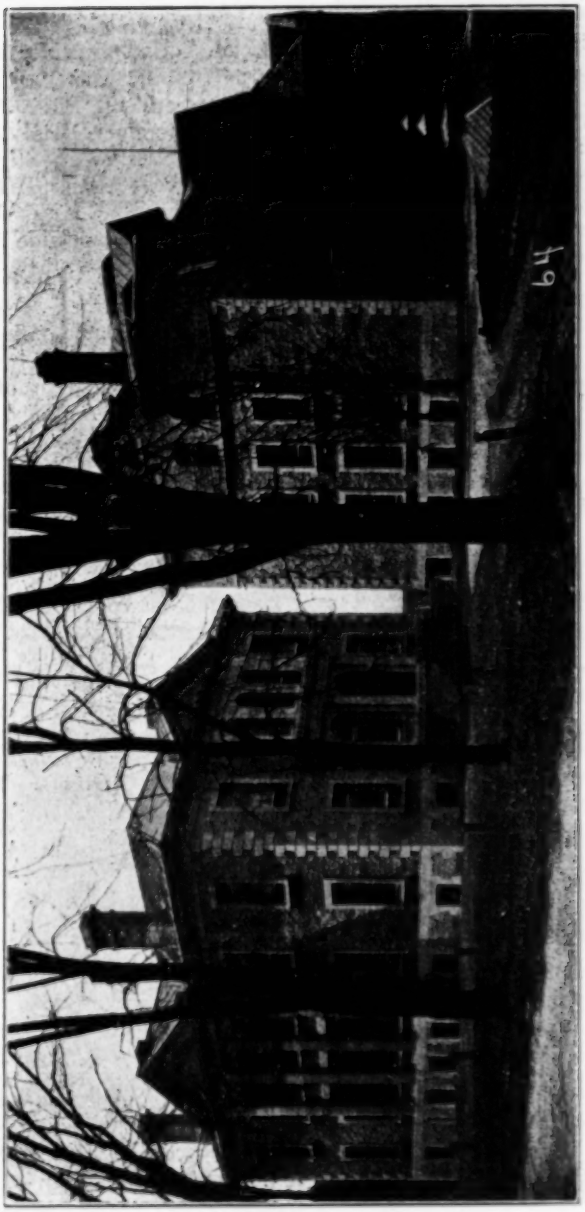
Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1906-7: Hon. President, Miss Brent; President, Miss J. Hamilton, 505 Sherbourne St.; 1st Vice-President, Miss G. Gowans; 2nd Vice-President, Miss J. Richardson; Secretary, Miss E. Jamieson, 105 Macpherson Ave.; Treasurer, Miss M. Hill, 105 Roxborough St.; Directors: Miss M. Gray, Miss C. Leman, Miss M. F. Blythe.

Conveners of Committees: Arrangement and Publication, Miss Goodall, 668 Euclid Ave.; Sick Visiting, Miss Annie McGarvey, 7 Rose Ave. Meetings are held on the second Thursday of the month at 3 p.m., in the Nurses' Residence.



KINGSTON GENERAL HOSPITAL.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1906-7: Hon. President, Miss Snively; President, Miss Lucy Bowerman, 349 Sherbourne St.; 1st Vice-President, Miss Clara Brown, T.G.H.; 2nd Vice-President, Miss Jessie Robson, 103 Gerrard St. E.; Recording Secretary, Miss Alice Stewart, T.G.H.; Corresponding Secretary, Miss A. M. Stirling, 103 Gerrard St. E.; Treasurer, Miss Mareb Allan, T.G.H.; Directors: Miss E. Field, 505 Sherbourne St., Miss Julia Stewart, 12 Selby St., Miss Annie Lennox, 11 Humberside Ave., Toronto Junction.

Conveners of Standing Committees: Sick Visiting, Miss H. Fralick; Legislation, Miss A. Lennox; Programme, Miss B. Crosby; Social, Miss Florence Davis, 179 College St.; Look-out, Miss Elizabeth Stewart, General Hospital; Representatives of the Central Registry Board, Miss Burkholder and Miss A. Boyd.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Postings and Transfers.

Sisters.—Miss E. M. E. Todd, to M. Hp., Colchester, from Connaught Hp., Aldershot; Miss E. H. Hay, to Connaught Hp., Aldershot, from M. Hp., Colchester; Miss M. M. Tunley, to R. V. Hp., Netley, from Cambridge Hp., Aldershot; Miss M. Smith, to Cambridge Hp., Aldershot, from R. V. Hp., Netley; Miss G. M. Allen, to M. Hp., Chatham, from M. Hp., Colchester; Miss P. Steele, to M. Hp., Colchester, from M. Hp., Chatham; Miss A. Nixon, to S. S. "Plassy," for Indian troopship service, from M. Hp., Chatham; Miss L. M. Toller, to S.S. "Plassy," for Indian troopship service, from the Q. A. M. Hp., Millbank, London.

Staff Nurses.—Miss C. M. Hodson, Miss M. A. McCabe and Miss B. M. Oates, to the Q. A. M. Hp., Millbank, London, on appointment.

Appointments Confirmed.

Staff Nurses.—Miss E. R. Collins and Miss K. F. G. Skinner.

C. H. Keer,

Matron-in-Chief, Q.A.I.M.N.S.

IN almost all ages, and in almost all countries, beef has been regarded as the strength giving food par excellence. But it is not always possible to obtain beef just at the moment when nourishment is required, and again it is not always that the system is in a condition to draw the full store of nutriment from the meat. Each of these difficulties has been overcome, and the nutriment and stimulus of beef can be obtained at any time, with very little trouble, and in a form which admits of immediate assimilation by even the most delicate invalid.

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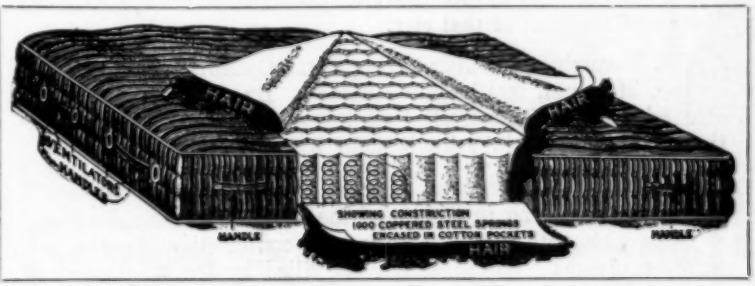

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Hospital and Training School Department.

Miss Kate Madden, Brooklyn City Hospital, has gone to Boston to take charge of a hospital.

Miss Kennedy, J. H. H., Baltimore, has gone to Dr. Grenfell's hospital to take up work there.

Miss Van Buskirk, Montreal General Hospital, has gone to Philadelphia to take a course in massage.

Miss Emma Elliott is in the G. and M. Hospital, St. Catherines, suffering from an attack of typhoid fever.

Miss J. Bennett (G.G.H.), who is nursing in New York, is spending her vacation at her home in Atwood, Ont.

Miss A. Caulfield has resumed her duties at Dr. Kelly's Sanitarium, Baltimore, after a few months' vacation at her home in Guelph.

Miss Elizabeth Acheson, graduate of the Hamyot Hospital, has returned from a trip to the Pacific Coast, and is doing private nursing in Goderich.

Miss Mary McKechnie, late superintendent of the Orange Memorial Hospital, will take up the work of tuberculosis nurse in the Oranges during the coming winter.

Miss Teresa Kelly and Miss Clara Ferguson, graduates of St. Joseph's Hospital, London, '03, have returned from New York, having finished a post-graduate course at the General Memorial Hospital of that city.

The November monthly meeting of the Canadian Nurses' Association, Montreal, was largely attended. Dr. Evans gave a valuable address on "Obstetrical Nursing." Twelve new applications for membership were brought before the meeting.

Dr. Abraham, graduate Toronto University, is returning to Toronto, after being in charge of the Winnipeg River Hospital, in connection with the transcontinental construction, for the past eighteen months. His place is being filled by Dr. Wightman, of Queen's University, Kingston.

There has just been completed at St. Vincent de Paul Hospital, Brockville, Ont., the construction of two of the finest sunrooms to be seen in connection with any General Hospital. These rooms are built in the form of large verandahs, enclosed in glass, and steam heated. Facing the south and overlooking the broad bosom of the beautiful St. Lawrence these will afford many poor sufferers a pleasant change, and go a long way to coax them back to health and strength.

We Make Any Style Nurse's Bibs and Aprons to Order

THIS NURSE'S APRON is made of fine but strong cotton, is two yards wide, and finished with eight inch hem. The band is two inches wide and fastens with buttons and button-holes or made with button-holes for studs. Price.....57c

THE BIB is made to order in any style required. The one shown in picture as worn by the nurses of the General Hospital, Toronto, is pleated at waist and crossed at back and worn under the apron 43c

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Mrs. K. Thompson, graduate of St. Joseph's Hospital, London, '06, has taken up private nursing in Port Huron, Mich.

Miss Alice Lundy, '03, V. P. H., Fredericton, has gone to New York City, where she will engage in private nursing.

Miss Isabel Macintosh (G.G.H., class '03), who has been nursing in Port Elgin and vicinity, has taken a position in Skene Sanitarium, Brooklyn.

Miss G. M. Moore, graduate of Toronto General Hospital, '04, has recently taken charge of the Isolation Department of the Winnipeg General Hospital.

Miss Johns, Winnipeg General Hospital, '02, has been in charge of the X-ray department of this hospital for some months. During this time the work has increased three-fold, and is very satisfactory to the doctors.

At the meeting of the Central Registry Committee on November 4th, the Registrar's report was as follows: Number of nurses on list, 240; applications accepted, 1. Number of calls for October: Registry calls, 90; personal, 20; total, 110; visiting, 1. Money in savings bank, $400.00; current account, $92.07; due from unpaid fees, $220.00. Nurses who have resigned or dropped out temporarily: Miss Isabel Brown, Miss Selby, Miss Keith, Miss Dover, Miss Boyne, Miss Dawson, Miss Baird, Miss McWilliams, Miss Foster, Miss Rogers. This being the first meeting after the annual meetings of the several Alumnæ Associations, the election of officers took place for the coming year. Miss Crosby was elected Convener and Miss Kennedy, Secretary.

The graduating exercises of Grace Hospital, Toronto, took place at a very important meeting on November 6th, at which Miss Patton read a most interesting report, and Dr. Palmer, Dr. Bruce Smith, Mr. J. E. Atkinson and Judge Winchester gave addresses. Mr. Frank Roper, the Treasurer, read his report for the year, showing a total income of $33,000 and a deficit of $815. The Hospital admitted 1,433 patients during the year and refused 300, owing to lack of accommodation. The graduating nurses numbered seven, as follows: Maude Elizabeth Tindale, of Arthur, Ont.; Margaret Eleanor Coulter, Bethany; Rose Elizabeth Monnery, Reading, Eng.; Margaret Alice Thompson, Orkney, Ont.; Lilian May Wixon, Toronto; Carrie Elizabeth Gibson, London, Ont.; Clara Louise Barnes, Georgetown, Ont. The presentations were made as follows: Vandersmissen medal, won by Miss Thompson, presented by Miss Vandersmissen; Wismer medal, won by Miss Gibson, presented by Mr. Atkinson; prize for tidy room, won by Miss Barnes, presented by Mrs. R. B. Hamilton; pins for massage, presented by Miss Campbell; diplomas, presented by Senator Cox; school pins, presented by Miss Patton, lady superintendent.

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ALL DRUGGISTS; 50c. AND $1.00.

Miss I. M. Brown (T.G.H., '04) has accepted the position of superintendent of the Royal Jubilee Hospital, Kenora, Ont.

Miss May Love (G.G.H., '06) and Miss H. McMurray (G.G.H., '07) have given up private nursing and taken positions in Dr. Kelly's Sanitarium, Baltimore.

Miss Matheson, graduate W. G. H., '07, has accepted the position of instructor of nurses in the Winnipeg General Hospital Training School for Nurses. Her duties are to teach the junior and intermediate classes, both practically and theoretically.

The graduating exercises of St. Joseph's Hospital, Guelph, took place on October 16th. The medals and diplomas were presented by the Lord Bishop of Hamilton, Dr. Mackinnon and Mayor Newstead, and each graduate was presented with a shower bouquet by the directors of the hospital, after which addresses were made by His Worship the Lord Bishop, Father Cotee, of Hamilton, Father Donovan, Mayor Newstead, Dr. Mackinnon, Dr. Lindsay, Dr. Stewart, and Dr. H. O. Howitt. The musical part of the programme was in charge of Miss Kennedy. The graduates were: Miss Bush, St. Clements; Miss Myers, Waterloo; Mrs. Hanlon, Guelph; Miss Cooper, Galt; Miss Toner, Hamilton.

The Grace Hospital Alumnæ Association recently held their annual meeting. We have pleasure in publishing the following from the report of the Secretary, Miss Smith: This year we close with a membership of forty-nine—thirty-seven active and two honorary, while last year there were thirty-seven on the rolls. The financial condition of the Association is much improved also, as one year ago we found at the close of it we were in debt, while this year we have a deposit of $12.00 in the bank. We regret very much that our sick benefit fund has apparently come to a standstill, but we hope that very soon the nurses will realize the advantages obtained thereby, and will consequently take more interest in it. We have had only four monthly meetings during the year, but these meetings have been very instructive, and much appreciated by the nurses. At one Dr. McPherson gave a very interesting lecture on "The Relation of the Army Medical Corps to Nursing," and at other different occasions Miss Patton gave an address on "The Graduate Nurse," and Miss Barwick one on "The Central Registry." The last meeting of the year was altogether of a social character, and was very enjoyable. Officers for 1907-8: President, Mrs. Lalonde; 1st Vice-President, Mrs. MacQuoid; 2nd Vice-President, Miss McPherson; Secretary, Miss Smith; Treasurer, Miss Irvine; Board of Directors, Misses Carnochan, Chisholm, Knight and Chant; Convener of Programme Committee, Miss De Vellin; Social Committee, Miss Carnochan; Sick Benefit Committee, Miss Knight; Press and Publishing Committee, Miss Bell.

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THE Neepawa General Hospital expects to hold a bazaar in November.

MISS LYDIA GOOD, having completed her course of training, has taken up private nursing in St. Catherines.

MISS VERDA LEAVITT, St. Joseph's Hospital, London, '06, has returned from a trip to New York and Brooklyn.

MISS BARNSTON, C. M. B., London, Eng., is the guest of her aunt, Miss Stikeman, Drummond Street, Montreal.

MISS GREER, '06, V. P. H., Fredericton, has returned home after spending two months at Sheffield Academy, N.B.

MISS FORREST and Miss Inga Johnson, W. G. H., '07, have accepted positions on the Winnipeg General Hospital Staff.

MISS KATHLEEN BROCK, who has been at home in Kentville, N.S., for six months, returned to Montreal in November, to resume private nursing.

ALMONTE, Ont., is to have a new $9,000 Cottage Hospital, the gift of Mr. Bennett Rosamond. It will accommodate twelve patients, and will be completed about the first of December.

MISS DESBRISAY (M. G. H.), and Miss Dawson (St. Thomas Hospital, England), who has been nursing for several years in Canada, have left for a visit to England. They will be absent six weeks.

To the operating room of G. and M. General Hospital, Goderich, have been added two up-to-date dressing tables, a solution stand and an irrigator, by the young ladies of Goderich who have entered the field of nursing.

THE representatives of the Victorian Order of Nurses in Winnipeg are at present residing at 233 Kennedy Street, in the Nurses' Home. They expect very soon now to have a home of their own. In a recent letter one of the nurses has a kind word for us. She says: "We all enjoy THE CANADIAN NURSE very much, and quite look forward to its arrival each month."

THE Wingham General Hospital, opened on January 24, 1907, has been filled to its capacity during the summer and fall, and the nursing staff has been increased. Improvements are constantly going on and at present a beautiful sun-room and conservatory are almost ready for use. Its success so far has been beyond expectations. The Ladies' Auxiliary in connection with the hospital are doing splendid work. The hospital could not get along without them. It is pleasant to learn that the superintendent and nurses look forward with great pleasure to THE CANADIAN NURSE each month.

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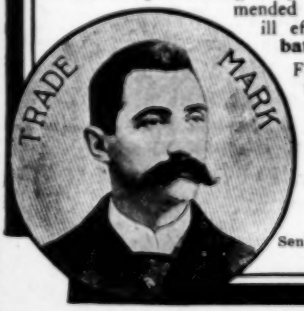

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Miss May Code, and Miss Elizabeth McKnight, of this class also, have accepted positions in New York.

The first meeting of the Montreal General Hospital Alumnæ Association was held on Oct. 2, at 59 Park Avenue, Montreal.

Miss Scott has accepted the appointment of 2nd assistant in the Training School for Nurses of Toronto General Hospital.

Miss Isabella Likely and Miss Ethel Gamble, graduates V. P. H., Fredericton, have gone to Duluth, Minn., where they will engage in private nursing.

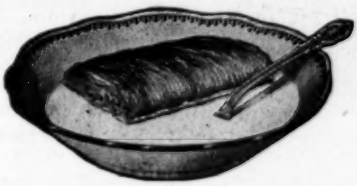
Miss Ina Williams, graduate of City Hospital, Minneapolis, has been appointed Head Nurse, Theatre and Surgical Flat, Royal Jubilee Hospital, Kenora, Ont.

Miss Margaret Bruce, graduate of Stratford General Hospital, who has been spending the summer in Goderich, has gone to Washington, D.C., where she will engage in private nursing.

Miss Lowe, graduate of the Winnipeg General Hospital, '05, and post-graduate of Sloane Maternity, is at present in charge of the Winnipeg General Hospital Maternity. She left in November for New York to take a post-graduate course in the Memorial Hospital.

The temporary appointments for the summer at the Pavilion and Burnside (T. G. H.), seem to have given general satisfaction. We have pleasure in announcing that Miss Lindsay has now been appointed Head Nurse of the Burnside and Miss Mitchell Head Nurse of the Pavilion.

Graduating exercises were held recently at St. Joseph's Hospital, London, when five nurses, now fully qualified, received their degree from His Lordship, Bishop McEvoy. The valedictory was read by Miss Lila Bell, and was replied to by Dr. Hodge. Many friends of the graduates were present, and the assembly room presented an attractive appearance. It was tastefully decorated with the hospital colors, yellow and white, and the natural effect was attained with paleus and ivy. Following the presentation of the diplomas and medals to the graduates who were, Miss Lila Bell, Peterboro; Miss Maud Baye, Orillia; Miss Agnes Bandeen, Rodney; Miss Alfaretta Tuckey and Miss Alice Butler, of London, a musical programme was introduced by the chairman, Rev. Father Aylward. A violin solo was contributed by Miss McKim, of Ingersoll, accompanied by Miss Keating, also of Ingersoll, as well as several concerted numbers by the nurses. Words of inspiration and hopefulness were spoken in the addresses given by Senator Coffey, J. B. McKillop, Crown Attorney, and Dr. Tillman, of the Board of Education. The graduates were the recipients of many beautiful flowers.



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The Nurse's Calendar

The Alumnae Association of the Toronto General Hospital Training School has issued a **Calendar for 1908** consisting of daily quotations from various authors. The object is to establish an emergency fund for sick nurses. The Calendar is gotten up in an attractive form in the school colors and will be **for sale early in December** at any of the Nurse's Homes.

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Miss Manson, Head Nurse at the J. H. H. paid a brief visit to Toronto recently.

We are indebted to Miss Scott for an attractive programme of lectures in the Training School for this year at Kingston General Hospital.

Miss Lane, M. G. H., '07, has been appointed assistant to Miss Tedford, nurse-in-charge of the operating room, Montreal General Hospital.

Miss Montgomery, Winnipeg General Hospital, '07, has gone to Morden to take charge of the operating room and surgical wards of that hospital.

Letters from the West from Misses Lena Martin and Martha Marriott, who went out for the benefit of their health, report both very much improved.

Miss Rutledge, graduate '07, Winnipeg General Hospital, has accepted the position of night supervisor in the City and County Hospital, St. Paul's, Minn., U.S.A.

The Alumnæ Association of the Montreal General Hospital has opened a registry for their nurses at 59 Park Avenue. Miss M. V. Young, M. G. H., '03, is registrar.

We are glad to hear from Miss Trew, of the Montreal General Hospital, that two or three other graduates of that splendid hospital are soon to settle in Toronto.

Miss Mary Shaw, Montreal General Hospital, assistant superintendent Jeffrey Hale Hospital, Quebec, was at her home in Montreal for a short time in October.

Miss L. M. Fowler, superintendent of nurses at the City and County Hospital, Denver, resumed her duties on November 1st, after a much needed vacation of two months.

Mrs. Doull, wife of Rev. A. J. Doull, Montreal, was "at home" to the members of the Guild of St. Barnabas after the devotional meeting held at the Church of the Advent.

Miss Albertine Macfarland (T. G. H.), Superintendent of the Vancouver General Hospital, recently paid a flying visit to Toronto, and was cordially welcomed by all her old friends.

Miss Ida Watrous and Miss Edith Burling (Guelph General Hospital, class 1906) have given up private nursing and taken positions in the King's County Hospital, Brooklyn, N.Y.

Miss Allen, Chief Lady Superintendent of the Victorian Order of Nurses, is to be married in December, to Mr. H. Gilbert Vernon Smith, of the Department of Justice, Ottawa. The marriage will take place in Toronto, and the future home will be at 190 Charlotte Street, Ottawa.

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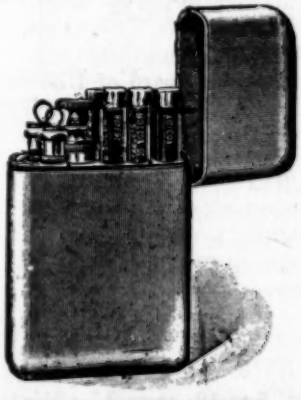

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Miss Cringle (T. G. H.) was appointed some time ago in charge of the Housekeeper's Department at Toronto General Hospital.

Miss Alice J. Scott, Superintendent of the Training School for Nurses, Kingston General Hospital, spent Thanksgiving Day at her home in Toronto.

Miss Eva Henry, graduate St. Joseph's Hospital, London, '07, is at present doing private nursing in Chicago, where Miss Louisa Flood, of the same class, has recently joined her.

At the annual meeting of the Toronto General Hospital Alumnae the following officers were elected for 1907-08: President, Miss Agnes Muir; Vice-Presidents, Miss Fralick and Miss Tweedie; Treasurer, Miss Halbaus; Recording Secretary, Miss Mary Roberts; Coresponding Secretary, Miss Sanson; Directors, Miss Hall, Miss Burnett, Miss Crosby; Central Registry Board, Miss Crosby and Miss Boyd. The conveners of the respective committees are: Registration, Miss Bowerman; Programme, Miss Alice Stewart; Look Out, Miss Baldwin; Social, Miss Younger; Press, Miss Christie. The representative on the Editorial Board of The Canadian Nurse is Miss Frieze.

The Toronto Graduate Nurses' Club has now been incorporated under the Benevolent Societies Act of Ontario and active steps are being taken to purchase or rent a house to be used as a club house, where nurses may reside and where nurses' associations may meet and may have their headquarters, offices, etc. At the first annual meeting, held on November 15th, at the Canadian Institute, the following were elected as the Board of Directors for the ensuing year, and they will elect the officers at their first meeting, the first Wednesday of next month: Miss L. Bowerman, Miss E. B. Barwick, Miss K. Mathieson, Mrs. Thos. Roden, Miss E. Argue, Miss L. Brent, Miss Julia Stewart, Mrs. R. H. Greer and Miss Mary Gray. A constitution and by-laws have been drawn up and the Treasurer's report shows a balance of $650.00 in the bank. We congratulate the Club on their success and hope that the club house plan will receive immediate and hearty support.

The Made-in-Canada exhibition in aid of Kingston General Hospital, held in the Armories, from Oct. 7 to 12, opened by His Honor, Lieut.-Governor Wm. Mortimer Clerk, has proved a great success. The total receipts amounted to $9,500, and the net amount will be over $8,000. Very generous donations were received from the farmers of Frontenac and adjoining counties,

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

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The preparation instantly diminishes cough, augments expulsion of secretions, dispels oppressive sense of suffocation, restores regular, pain-free respiration and subdues inflammation of the air passages.

The marked analgesic, antispasmodic, balsamic, expectorant, mucus-modifying and inflammation-allaying properties of **GLYCO-HEROIN (SMITH)** explain the curative action of the Preparation in the treatment of

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Samples and exhaustive literature bearing upon the preparation will be sent, post paid, on request

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also from many manufacturers throughout Canada. A grand march, representative of Canada past and present, led by Britannia, was a great attraction each evening. In addition to numerous exhibits from manufacturing firms there were farm produce, fancy work, chafing dish, tea, home made, ice cream, Indian and other booths. The nurses' alumnæ had a Red Cross booth under the sign of "the battered and bruised are mended here," where all articles for use in the sick-room could be purchased. Dolls dressed in the various costumes of the training schools, and donated by hospitals both in Canada and the United States, were also a feature of the nurses' booth. Sairey Gamp and Betsy Prig were also present. The sum of $334 was realized by the nurses' booth. We regret very much that our space will not permit a more extended notice of this event, in which we all feel a personal interest and pleasure. Indeed, it was the sole topic of conversation during the week, and was really a delightful occasion. Everything was so well done that it is hard to know what to mention specially, but, as one would expect from Kingston, the historical aspect was not lost sight of. In the march-past Laura Secord was represented by her great-granddaughter, Mrs. Laura Secord Dunn, and a near relative of Barbara Heck's was also present. Everyone was there, everyone helped and everyone was pleased. Mrs. J. C. Connell, President of the Ladies' Aid, fittingly acknowledged the loyal assistance they had received from all.

The first meeting of the Toronto Chapter of the Ontario Graduate Nurses' Association, took place in November. The President, Miss Bowerman, was in the chair.

Miss Scovil has resigned her position of Head Operating-room Nurse in the General Protestant Hospital, Ottawa, and will leave for her home, Portland, Ont., about January 1st.

BIRTHS.

MacGregor—At Tuxford, Sask., on September 10th, 1907, to the wife of Rev. Alexander MacGregor, a daughter. Mrs. MacGregor (nee Barron) is a graduate of the Montreal General Hospital.

Campbell—Cowin—At Holy Trinity Church, Toronto, on Oct. 30th, 1907, by the Rev. W. Brane, Walter Campbell, of Hamilton, to Miss M. A. Cowin, of Hornby (graduate of the Guelph G. H., 1904).

Lowe—Stanwix—Miss Sara Stella Stanwix (T.G.H., 1898) was married on August 7th to Mr. Elliott Lowe, at Ragan, Neb. Mr. and Mrs. Lowe will reside at 2901 Q St., Lincoln, Nebraska.

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MARRIAGES.

FULTON—SNOWDON—On Thursday, Sept. 26th, 1907, at 372 Elm Avenue, Westmount, by the Rev. J. G. Clarke, Miss Annie Snowden (M. G. H., '02), daughter of Mr. James Snowden, to Mr. Peter H. Fulton, of Montreal.

CAWTHORPE—DICK—On Friday, Sept. 27th, 1907, at the home of her mother, Hensall, Ont., by the Rev. E. T. McL. Smith, Miss Jean Dick to Dr. Fred. Cawthorpe. Dr. and Mrs. Cawthorpe will reside in Parkhill, Ont.

The Nurse's Library.

The Thanksgiving number of the *Delineator* is full of good things—very good things. "The Home Without a Child" and "The Child Without a Home," will probably be the longest remembered. Two million homes in America without a child is something you do not easily forget. The fashions are good. "The Kitchen" is good. The stories are good. It is indeed, almost impossible to lay the magazine down when you have once begun to read it until you have finished. Among the contributors are C. G. D. Roberts, Octave Thanet and Edith M. Thomas.

The Prevention of Infectious Diseases. JOHN C. MCVAIL, M.D., D.P.H. London, New York, Toronto: Macmillan Co.

Last year's Lane Lectures, revised for publication, form the contents of this volume Once having looked inside it, the reader is lost. She has to buy it. She cannot do without it. It is good—it is interesting, and it tells you so many things that you can tell other people. The eight chief infectious diseases are dealt with.

International Clinics. Vol. I; Series XVII. Philadelphia and London: J. B. Lippincott Co. Toronto: J. A. Carveth & Co.

From the first article, by Dr. Barker, of the Johns Hopkins, on the "Psychic Treatment of Some of the Functional Neuroses," to the last on the "Progress of the Clinic in 1906," this is a volume which is full of valuable material. The contributors are of international reputation, and the series is now firmly established in the favor of the medical profession.

Medical Diagnosis. CHAS. L. GREENE, M.D. Philadelphia: P. Blakiston's Son & Co.

This is the second edition, carefully revised, of a valuable work on diagnosis, which would be an excellent book of reference

TEXT-BOOKS FOR NURSES

Medical History from the Earliest Times
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in a nurses' library. The statements are brief yet clear and instructive, and the whole plan of the book is excellent. The mechanical execution is very fine.

The Major Symptoms of Hysteria. PIERRE JANET, M.D. Toronto: Macmillan Company of Canada. $1.75.

Prof. Janet, of the Salpêtrière in Paris, was invited to assist in the opening of the new and beautiful medical school at Harvard, by delivering a course of lectures therein, and this interesting and valuable volume is the outcome of that course. Many of our readers nurse patients suffering from this disease, and would gladly know something more of hysteria than can be found in an ordinary text-book. Prof. Janet's book, with its scientific exposition of the disturbances of sight, speech, digestion, etc., of the abnormal mental states and of the general problems in hysteria, places us in possession of a book which will be a great help, both to the nurse and the physician.

The Health of the State. GEORGE NEWMAN, M.D. London: Headley Brothers. One shilling.

Visiting nurses, school nurses, district nurses, and all who are interested in health matters will be greatly pleased with this book, which is No. 2 of the Social Service Series, edited by Mr. Percy Alden, M.P. Dr. Newman, a well known author and an able writer, discourses on Food, Milk, Infant Mortality, Fresh Air, Overcrowding, Disease, in a masterly and effective manner.

Inflammation. J. GEORGE ADAMI. Toronto: The Macmillan Company of Canada. $1.50.

Professor Adami's article on "Inflammation" from Allbutt's System of Medicine is here reprinted in a handsome volume of 240 pages, which will be accorded a hearty reception, and is a book of reference of no small value. It is thoroughly revised, and nurses who wish to read something of opsonins, or to understand the frequent references made in lectures to modern ideas of inflammation, will find this the book for their purpose.

Modern Methods for Securing Surgical Asepsis. By EDWARD HARRISON, F.R.C.S. London, York and Hull: A. Brown & Sons. 3s. 6d.

Fifteen plates and figures, and one hundred and twenty-five pages of text, dealing with surgical asepsis and how to secure it in the wards, the theatre and the private house, by the assistant and the nurses, are here placed before us in an attractive form by Mr. Harrison, of the Hull Royal Infirmary. The book is indeed a model, and will be a boon to surgical nurses who will not be slow to possess themselves of it.

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Primary Nursing Technique. By ISABEL MCISAAC. Toronto: The Macmillan Company of Canada. $1.25.

We need not remind our readers that Miss McIsaac, formerly Superintendent of the Illinois Training School for Nurses is one of the leaders in the profession, and it would be difficult to speak too highly of the text-book that she has prepared. We hold strongly that a nurse, and no one else, is the proper person to write text-books on nursing, and this volume proves it. The first thing that occurs to us about the volume is its completeness. Nothing seems to be omitted. The statements are accurate and clear. The style is not only forcible, but possesses a graphic quality which at once impresses the reader. Miss McIsaac's picture of a tray, for example, on which a patient's meal is arranged, is not easily forgotten. The book is intended for pupil-nurses, but every graduate should have it.

Practical Nursing. By ANNA C. MAXWELL and AMY E. POPE. New York and London: G. P. Putnam's Sons.

We sincerely congratulate the authors of this book, who are respectively Superintendent and Instructor in the Presbyterian School of Nursing of New York, and have to thank them for giving us a work on nursing that may almost be said to mark a new era. Like Miss McIsaac, they are at the head of the profession, yet have found time in their busy lives to write a book which is extremely practical and valuable, intended as a text-book for nurses, and a hand-book for all who care for the sick. The qualifications of a nurse, bacteriology, all the departments of ward work, symptoms, records, and the details of nursing, treatment, emergencies, bandaging, operations, and a synopsis of important diseases, followed by chapters on Food and Massage—these are some of the topics dealt with in this invaluable book, which should be in every nurse's library.

Any of these books may be ordered from Messrs. J. A. Carveth & Company, Toronto.

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IMPORTANT.—Announcement of the Nurse's Calendar on page 21 and of the Toronto Graduate Nurses' Club, page 668.

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